

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____ **E-MAIL:** _____

REQUIRED FILINGS IN THE STATE OF: **ARIZONA** **Filings Made During the Year 2006**

(1) Check -list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE **	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2" x 14")	2	1	1	3/1 Foreign 3/31 Domestic	NAIC	A-V
	1.1	Printed Investment Schedule detail (Pages E01-E-25)	2	1	xxx	3/1 Foreign 3/31 Domestic	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	1	1	xxx	5/15, 8/15, 11/15	NAIC	P, V
	3	Protected Cell Annual Statement	0	0	0		NAIC	
	4	Combined Annual Statement (8 1/2" x 14")	0	1	0	5/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	2	1	1	4/1	NAIC	
	11	Combined Insurance Expense Exhibit	0	1	0	5/1	NAIC	
	12	Credit Insurance Experience Exhibit	2	1	1	4/1	NAIC	
	13	Financial Guaranty Insurance Exhibit	2	1	1	3/1 Foreign 3/31 Domestic	NAIC	
	14	Investment Risk Interrogatories	2	1	1	4/1	NAIC	
	15	Insurance Expense Exhibit	2	1	1	4/1	NAIC	
	16	Long Term Care Experience Reporting Forms	2	1	xxx	4/1	NAIC	
	17	Management Discussion & Analysis	2	1	1	4/1	Company	P
	18	Medicare Supplement Insurance Experience Exhibit	2	1	xxx	3/1 Foreign 3/31 Domestic	NAIC	
	19	Premiums Attributed to Protected Cells Exhibit	0	0	0		NAIC	
	20	Reinsurance Attestation Supplement	2	1	xxx	3/1	Company	
	21	Reinsurance Summary Supplement	2	1	xxx	3/1	NAIC	
	22	Risk-Based Capital Report	1	1	xxx	3/31 Domestic Only	NAIC	P
	23	Schedule SIS	2	N/A	N/A	3/1	NAIC	
	24	Statement of Actuarial Opinion	2	1	1	3/1 Foreign 3/31 Domestic	Company	
	25	Actuarial Opinion Summary	0	N/A	xxx	3/15	Company	
	26	Supplement A to Schedule T - ANNUAL STATEMENT	2	1	1	3/1 Foreign 3/31 Domestic	NAIC	
		QUARTERLY FINANCIAL STATEMENT	1	1	xxx	5/15, 8/15, 11/15		
	27	Supplemental Compensation Exhibit	2	N/A	N/A	3/1 Foreign 3/31 Domestic	NAIC	
	28	Trusteed Surplus Statement - ANNUAL STATEMENT	2	1	xxx	3/1 Foreign 3/31 Domestic	NAIC	
		QUARTERLY FINANCIAL STATEMENT	1	1	xxx	5/15, 8/15, 11/15		
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1 Foreign 3/31 Domestic	NAIC	P
	31	March .PDF Filing	xxx	1	xxx	3/1 Foreign 3/31 Domestic	NAIC	P
	32	Risk-Based Capital Electronic Filing	xxx	1	xxx	3/1 Foreign 3/31 Domestic	NAIC	P
	33	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	P
	34	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	NAIC	P
	35	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	P
	36	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	P
	37	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	P
	38	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	P
	39	June .PDF Filing	xxx	1	xxx	6/1	NAIC	P
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	
	52	Audited Financial Statements	1	1	1	6/1	Company	P
	53	Audited Financial Statements Exemption Affidavit	1	N/A	1	6/1	Company	
	54	Independent CPA	1	N/A	N/A	6/1	Company	
	55	Notification of Adverse Financial Condition	1	N/A	1	6/1	Company	
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	1	6/1	Company	
	57	Request for Exemption to File	1	N/A	N/A	5/1	Company	
	58	Request to File Consolidated Audited Annual Statements	1	N/A	N/A	5/1	Company	

		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	0	0	1	3/1	State	P
	102	Certificate of Deposit	0	0	1	3/1	State	P
	103	Filings Checklist (with Column 1 completed)	0	1	0	3/1 Foreign 3/31 Domestic	State	
	104	Premium tax	1	0	1	3/1	State	D
	105	State Filing Fees	1	0	1	3/1 Foreign 3/31 Domestic	State	C, R
	106	Signed Jurat	0	xxx	0	3/1 Foreign 3/31 Domestic	NAIC	L
	107	Annual Statement Filings Worksheet Form E-Worksheet Domestic	1	0	0	3/31	State	N, P
	108	Annual Statement Filings Worksheet Form E-Worksheet. Foreign	0	0	1	3/1	State	N, P
	109	Audited Financial Report Filing Transmittal Form E- AFR	1	0	1	6/1	State	P
	110	Certificate of Disclosure Form E-178	2	0	1	3/1 Foreign 3/31 Domestic	State	P
	111	Credit Life & Disability Insurance Experience Report to Life and Health Division	1	0	1	4/1	State	P
	112	Form B & C Holding Company Registration Statement	1	0	N/A	3/31		U
	113	HIPAA Reports to Life & Health Division	1	0	1	3/1	State	P
	114	Management Discussion and Analysis Transmittal Form E-MDA	2	0	1	4/1	State	P
	115	Confidential Supplementary Schedule F-5. Mortgage Guaranty Insurers Only. See Form E-MGCEDE	2	0	1	3/1 Foreign 3/31 Domestic	State	P
	116	Quarterly Confidential Supplementary Schedule F-5. Mortgage Guaranty Insurers Only. See Form E- MGCEDE	1	0	1	5/15, 8/15, 11/15	State	
	117	Mortgage Guaranty Insurers Only Minimum Policyholders Position Report Form E-MG.MPP	2	0	1	3/1 Foreign 3/31 Domestic	State	P
	118	Producer Controlled Property and Casualty Insurance Report Form E-PC.350	2	0	0	3/31	State	P
	119	Records Location Information Form E-176	1	0	0	3/1	State	P
	120	State Page	2	1	1	3/1 Foreign 3/31 Domestic	State	P, T
	121	Arizona Special Schedule P for Workers' Compensation Insurance business	1	0	1	4/15	State	W

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

If "0" in Domestic State, NAIC or Foreign State column filing is not required

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	OBTAIN AND READ DEPARTMENTS DETAIL INSTRUCTIONS ON OUR WEB SITE AT http://www.id.state.az.us/annforms.html
	A	Required Filings Contact Person:	Rose McNabb (602) 364-3985 OR E-mail address rmcnabb@id.state.az.us
	B	Mailing Address:	Arizona Department of Insurance Attn: Annual Statement Coordinator Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, AZ 85018-7269
	C	Mailing Address for Filing Fees: Foreign due 3/01. Domestic due 3/31. Amounts vary and are specified in Tax and Fees Report forms on our web site at http://www.id.state.az.us/taxforms.html	Arizona Department of Insurance Attn: Tax Unit Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, AZ 85018-7269
	D	Mailing Address for Premium Tax Payments: Annual Premium Tax due date is 3/01. First Installment Tax due date is 3/15. Obtain Tax and Fees Report forms on our web site at http://www.id.state.az.us/taxforms.html	Arizona Department of Insurance Attn: Tax Unit Financial Affairs Division 2910 North 44 th Street, Suite 210 Phoenix, AZ 85018-7269 <u>Contact Persons (Annual Premium Taxes):</u> Gordon Thoreson (602) 364-3245 Richard Johnson (602) 364-3247 <u>Contact Person for Installment Tax:</u> June Denise Bittner (602) 364-3246
	E	Delivery Instructions:	DOMESTIC COMPANIES DUE 3/31 FOREIGN COMPANIES DUE 3/1 All packages must bear U.S. postmark or courier service pick-up date no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
	F	Late Filings: License will be summarily suspended if renewal fee is not paid when due or if financial condition is unknown due to failure to file Annual Statement.	Penalties are assessed to date of receipt as follows: Up to \$25.00 per day – Annual Statement, Actuarial Opinion, Management Discussion and Analysis, annual fees or other deficiencies described in Forms E-INSTRUCTION.DOMESTIC and E-INSTRUCTION.FOREIGN. Up to \$25.00 per day – Certificate of Disclosure Form E-178. Up to \$100.00 per day – Quarterly Statements. Up to \$25.00 per day – Audited Financial Report. In all cases, the Department of Insurance uses the day of the postmark as the date filed.
	G	Original Signatures:	<u>DOMESTIC:</u> Original signatures are required on all filings except for the Duplicate Annual Statement. <u>FOREIGN:</u> Signers names and titles must appear on Jurat Page, but original signatures are <u>not</u> required.
	H	Signature/Notarization/Certification:	<u>NOTARIZED SIGNATURES OF AT LEAST TWO (2) EXECUTIVE OFFICERS, WHO ARE LISTED ON THE JURAT PAGE.</u>
	I	Amended Filings:	Amended items must be filed within 10 days of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, same should be followed for any amendment.
	J	Exceptions from normal filings:	<u>EXEMPTIONS:</u> Annual Statement filing exemption – NONE. AFR exemption according to NAIC Instructions. <u>EXTENSIONS:</u> Approved for a catastrophic event only.

	K	Bar Codes (State or NAIC)	NAIC instructions.
	L	Signed Jurat	Not applicable. All insurers must file hard copy Annual Statement.
	M	NONE Filings:	Every page of the annual statement should be accounted for in consecutive page number order. If several consecutive pages are "None," or, in case of some investment schedules which are not filed in hard copy in all states, the appropriate page numbers with exhibit or schedule headings may be listed on one page and the page inserted in the appropriate location in the annual statement. See NAIC Annual Statement Instructions for Supplemental Interrogatories. Exceptions to these instructions are noted on the form. All State forms must be completed or stamped "None" if no entries on the form, and returned as instructed.
	N	Filings new, discontinued or modified materially since last year:	See Forms E-INSTRUCTION.DOMESTIC and E-INSTRUCTION. FOREIGN.
	O	Items currently exempted in the NAIC Annual Statement Instructions, General section.	If this information is filed with the state of domicile and with the NAIC, it is not necessary to file with this state.
	P	Detailed filing instructions and forms: Available on our web site at http://www.id.state.az.us/annforms.html	See Forms E-INSTRUCTION.DOMESTIC and E-INSTRUCTION. FOREIGN.
	Q	Diskette Filings:	Diskette Filings are not required with Arizona. Must be filed with the NAIC if not filing via Internet.
	R	State Filing Fees: See notes C and D.	Refer to the Tax Report Forms and Instructions available on our web site http://www.id.state.az.us/taxforms.html
	S	Risk-Based Capital:	DOMESTIC INSURERS ONLY: Must file with NAIC by 3/1 and with Arizona Department of Insurance 3/31. See Form E-INSTRUCTION.DOMESTIC
	T	State Page	Domestic- Must file all State Pages where insurer is transacting business. Foreign: Must include Arizona State Page only.
	U	Form B and C Insurance Holding Company System Registration Statement	DOMESTIC INSURERS ONLY: Refer to Forms E-185, E-185B, E-185C, E-185D, E-185XD and E-110, available on our web site at http://www.id.state.az.us/corp_misc.html
	V	Quarterly Financial Statements	Foreign Insurers, <u>except</u> Mortgage Guaranty Insurers, ARE NOT REQUIRED to file Quarterly Statements with the Arizona Department of Insurance. Foreign Insurers must file Quarterly Statements with NAIC and state of domicile. Mortgage Guaranty insurers must include "Supplementary Schedule F-5 as described in Form E-MG-CEDE with the Arizona Department of Insurance filing ONLY. DO NOT SEND TO NAIC.
	W	Arizona Special Schedule P	Only applicable to insurers authorized to transact workers' compensation insurance in Arizona. Instructions and Forms will be available on our web site in early March at http://www.id.state.az.us/corp_misc.html Scroll down to "Arizona Workers' Compensation Deposits"

**General Instructions
For Companies to Use Checklist**

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels, and other information, to all companies but will not be sending their own checklist this year.

Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

The **Annual Statement Electronic Filing** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investment schedules and other supplements for which the *Annual Statement Instructions* exempt printed detail.

The **March .PDF Filing** is the .pdf file for annual statement data, detail for investment schedules, Officers and Directors Information and supplements due March 1.

The **Risk-Based Capital Electronic Filing** includes all risk-based capital data.

The **Supplemental Electronic Filing** includes all supplements due April 1, per the *Annual Statement Instructions*.

The **Supplemental .PDF Filing** is the .pdf file for all-supplemental schedules and exhibits due April 1.

The **Quarterly Statement Electronic Filing** includes the complete quarterly statement data.

The **Quarterly Statement .PDF Filing** is the .pdf file for quarterly statement data.

The **Combined Annual Statement Electronic Filing** includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The **Combined Annual Statement .PDF Filing** is the .pdf file for the Combined annual statement data and the combined Insurance Expense Exhibit.

The **June .PDF Filing** is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company." If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions. If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.